Duke University - Facilities Management Department Environmental Safety and Health Program	
VEHICLE SAFETY PROGRAM Appendix A	
Area: All FMD Organizations	**Date Effective: 03/08/2018**
Issue No.: 1 Revision: 0	**Page 1 of 1**

Duke and FMD policy require that drivers complete a vehicle condition report on the first day of the week and report all defects.

Department/Shop _____Vehicle Number _____

CHECK AND EXPLAIN DEFECTS

Week 1	2	3	4	5	
___	___	___	___	___	Fuel _____
___	___	___	___	___	Oil _____
___	___	___	___	___	Battery _____
___	___	___	___	___	Radiator _____
___	___	___	___	___	Belts/Hoses _____
___	___	___	___	___	Tires Cut or Wear _____
___	___	___	___	___	Brakes Foot/Hand _____
___	___	___	___	___	Lights head/marker/tail/turn _____
___	___	___	___	___	Marker/Tail Light Lenses _____
___	___	___	___	___	Windshield Wipers _____
___	___	___	___	___	Mirrors/Windows _____
___	___	___	___	___	Horn _____
___	___	___	___	___	Safety Equip. Fire Ext./Seat Belts _____
___	___	___	___	___	Automatic Transmission _____
___	___	___	___	___	Heater _____
___	___	___	___	___	Due Service _____
___	___	___	___	___	other remarks/defects _____

Multi-Driver Weekly Initials

(1)_____ (2)_____ (3)_____ (4)_____ (5)_____

Mileage: week #1_____ week #2_____ week#3_____

week #4_____ week#5_____

_____ _____ _____

(beginning date) (ending date) (drivers signature)